

**State of Nevada  
Board of Cosmetology**

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**State of Nevada  
Board of Cosmetology**

4600 Kietzke Lane Bldg K Suite 221  
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**APPLICATION REQUEST FORM**

☐ Nevada Apprenticeship

TO RECEIVE AN APPLICATION PACKET with all necessary forms required, complete the attached form below and return it to the address listed above with a **MONEY ORDER OR CASHIER'S CHECK ONLY** in the amount of \$15.00. **PLEASE DO NOT SEND CASH OR PERSONAL CHECKS.**

**DO NOT SEND ANY DOCUMENTS AT THIS TIME.**

Legal Name:

\_\_\_\_\_  
(First) (MI) (Last)

Current Address:

\_\_\_\_\_  
\_\_\_\_\_

Day Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Apprentice hours  
Completed:

\_\_\_\_\_

Cert. of Registration #: \_\_\_\_\_

Place of Birth:

\_\_\_\_\_

Birth Date: \_\_\_\_\_

Type of license: (Please check one only)

Cosmetologist

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Electrologist

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**FOR OFFICE USE ONLY BELOW THIS LINE**

Paid \$ \_\_\_\_\_ How: \_\_\_\_\_ File #: \_\_\_\_\_ Entity #: \_\_\_\_\_ Date Received: \_\_\_\_\_

Receipt #: \_\_\_\_\_